



PATENT
Attorney Docket No. CWP-012CN3

1641 \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Charlton *et al.*
SERIAL NO.: 09/441,875 GROUP NO.: 1641
FILING DATE: November 17, 1999 EXAMINER: Pensee T. Do
TITLE: TEST DEVICE AND METHOD FOR COLORED PARTICLE
IMMUNOASSAY

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this third day of July, 2002.


Keri Lennon

Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 page); Fee Transmittal (1 page); Supplemental Information Disclosure Statement (2 pgs.); Form PTO-1449 (1 page); a check in the amount of \$180.00; and a return receipt postcard.

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JUL 17 2002
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TRANSMITTAL FORM

Application Serial Number	09/441,875
Filing Date	November 17, 1999
First Named Inventor	Charlton <i>et al.</i>
Group Art Unit	1641
Examiner Name	Pensee T. Do
Attorney Docket No.	CWP-012CN3
Patent No.	Not applicable
Issue Date	Not applicable

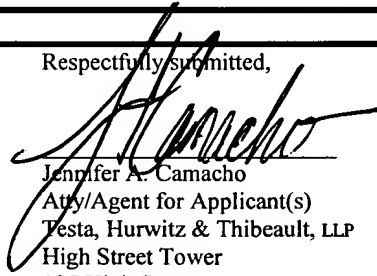
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <div>RECEIVED JUL 17 2002 TECH CENTER 1600/2900</div>
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
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SIGNATURE BLOCK

Respectfully submitted,

Jennifer A. Camacho
Atty/Agent for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: July 3, 2002
Reg. No. 43,526
Tel. No.: (617) 248-7317
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FEB 2002

Complete if Known

Application Serial Number	09/441,875
Filing Date	November 17, 1999
First Named Inventor	Charlton
Group Art Unit	1641
Examiner Name	Pensee T. Do
Attorney Docket No.	CWP-012CN3

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL: 0.00

SMALL ENTITY DISCOUNT: 0.00

SUBTOTAL (1) (\$) 0.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$0.00)

SMALL ENTITY DISCOUNT: (\$0.00)

SUBTOTAL (2) (\$0.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	180.00
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$) 180.00

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SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 180.00

TOTAL (\$) 180.00

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Respectfully submitted,

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